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## \*BIBDATASHEET\*

CONFIRMATION NO. 8744

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/032,507	<b>FILING OR 371(c) DATE</b> 01/02/2002 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2666	<b>ATTORNEY DOCKET NO.</b> 2000-0611 CIP
<b>APPLICANTS</b> Mathilde Benveniste, South Orange, NJ;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/985,257 11/02/2001 and claims benefit of 60/258,885 01/02/2001 and claims benefit of 60/261,165 01/16/2001 and claims benefit of 60/264,727 01/30/2001 and claims benefit of 60/267,439 02/09/2001 and claims benefit of 60/270,862 02/26/2001 and claims benefit of 60/271,731 02/28/2001 and claims benefit of 60/272,786 03/05/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/24/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 97	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> 26652				
<b>TITLE</b> RANDOM MEDIUM ACCESS METHODS WITH BACKOFF ADAPTATION TO TRAFFIC				
<b>FILING FEE RECEIVED</b> 7060	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	